

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5/582

FILING DATE

10/1/07

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1		1		51						
2	1		1		1		52						
3		1		1			53						
4		3		3			54						
5		3		3			55						
6	1		1		1		56						
7	1		1		1		57						
8					1		58						
9							59						
10					4		60						
11					4		61						
12					4		62						
13					4		63						
14					4		64						
15					4		65						
16					4		66						
17					4		67						
18					4		68						
19					4		69						
20					4		70						
21					4		71						
22					4		72						
23					4		73						
24					2		74						
25					2		75						
26					2		76						
27					2		77						
28					2		78						
29					4		79						
30					4		80						
31					4		81						
32					2		82						
33					3		83						
34					4		84						
35					4		85						
36					4		86						
37					4		87						
38					4		88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4		4								
TOTAL DEP.	38		111		115								
TOTAL CLAIMS	49		115										